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Application for Special Consideration for Non Examined Assessments (NEA)

|  |  |  |
| --- | --- | --- |
| Student name: | | Form: |
| Description of the adverse condition that is outside of my control: | | |
| Name of assessment affected | How was the assessment affected? | |
|  |  | |
|  |  | |
|  |  | |

|  |  |
| --- | --- |
| Student signature: | Date |
| Parental signature: | Date |

# Outcome:

|  |  |
| --- | --- |
| Application qualifies for Special consideration? | Yes / No |
| Action taken: | |
| Staff involved: | Date |

|  |  |
| --- | --- |
| Student informed of outcome? |  |
| Paperwork filed |  |